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## BIB DATA SHEET

CONFIRMATION NO. 9210

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/800,023	03/12/2004 RULE	424	1644	RUJ-001CNC2
<b>APPLICANTS</b> Daniel Hawiger, Branford, CT; Michel Nussenzweig, New York, NY; Ralph M. Steinman, Westport, CT; Laura Bonifaz, Del Alvaro Obregon, MEXICO;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/925,284 08/09/2001 which is a CIP of 09/586,704 06/05/2000 which is a CON of PCT/US96/01383 01/31/1996 which is a CON of 08/381,528 01/31/1995 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/29/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /RONALD B SCHWADRON/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 28	<b>TOTAL CLAIMS</b> 54
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> LAHIVE & COCKFIELD, LLP FLOOR 30, SUITE 3000 ONE POST OFFICE SQUARE BOSTON, MA 02109 UNITED STATES				
<b>TITLE</b> Enhanced antigen delivery and modulation of the immune response therefrom				
<b>FILING FEE RECEIVED</b> 3096	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	